

Return to: Iowa Dept of Natural Resources

Time of Transfer Inspector Certification 502 E 9<sup>th</sup> St

Des Moines, IA 50319-0034

Fax: 515-725-8202

## **Certified Time of Transfer Inspector Application (DNR Form 542-0192)**

Name:		Phone:			
Business Name:		Email:			
Address:	City:		State:	Zip:	
Experience and Education requi State rules require you to take to inspection course you MUST hav private sewage disposal systems Department.	owa's "Time of Transfer Inspe ve; 1) two years experience o	perating, installi	ng, inspecting	g, designing or maintaining	
1) If you have two (2) years of e below.	xperience provide the conta	ct information a	nd a descript	tion of your experience	
Business Name:		Phone:			
				Zip:	
Contact:			Years Exper	ience:	
Describe Experience:					
Business Name:		Phone:			
Address:	City:		State:	Zip:	
Contact:			Years Experience:		
Describe Experience:					
Attach additional sheets if neces					
2) If you do not meet the experi Onsite Systems" class.	ience requirement, attach a		tificate of att	endance for the "Basic of	
I certify the above information is conditions of the DNR Time of To Systems".		•			
Print Name:					
Signature:			Date:		

11/2014 cmc DNR Form 542-0192